



Title: **Coding and Billing - Bridging the Gap**

Session: **T-2-1000 and R-6-0800**



# Objectives

- To provide attendees information that will assist them in understanding the issues and obstacles coding and billing face and explore collaborative ways to resolve them



# Overview

- Provide current issues that affect both coding and billing
- Review ways that together successfully navigate those issues
- Identify and explore recommendations to collaboratively assist with current systems restrictions



# Coding

- Coder's role
- Main obstacles
- Current systems applications used
- Coding follow-up and data shared



# Coder's Role

- Convert medical records documentation into alpha numeric codes that clearly articulate the services which were rendered
  - Evaluation and Management
  - CPT – Procedure
  - ICD-9 – Diagnosis
  - Modifiers & Units
- Clarify ambiguous documentation
  - Conflicting documentation  
ancillary/staff/physician
  - AHLTA ICD-9 terminology vs. physician
  - No supporting documentation for procedures performed



# Coder's Role

- Provide education and training
  - Audit results (internal/external)
  - DoD/civilian documentation guidelines
- Identify possible areas of noncompliance
  - Provider of service
  - Systems limitations
  - Conflicting guidance
- Provide leadership/MHS sound statistical data
  - Unbiased
  - Based on “official” supporting guidelines
  - Improve workflow



# Obstacles

- Systems applications (CHCS/ADM/AHLTA/CCE/TPOCS)
  - Linking codes
  - Canned statements
  - Auto cite
  - NCCI and LMRP edits
- Conflicting guidance (UBU/UBO/MHS/civilian)
  - “Incident to services”
  - Observation
  - Consults
  - Present on Admission (POA)



# Obstacles

- Physician compliance
  - Evaluation and Management – Disagree with documentation guidelines
  - Procedures – Lack supporting documentation
  - ICD-9 – Lack understanding from a coding perspective
- Lack of standardization
  - MHS – Inconsistencies between workload credit and coding/billing
  - Services – Unique missions
  - MTF – Broken Revenue Cycle
- Communication



# Systems Applications

- CHCS/ADM
  - Limits codes
- AHLTA
  - Medical necessity
- CCE
  - Edits
- TPOCS
  - Never see it

What do they have in common?



# Follow-up and Data Shared

- CHCS/ADM
  - Identify and report data issues with CHCS/ADM limitations in reporting that will impact credibility and clean claims
- AHLTA
  - Identify and report data issues with AHLTA reporting that will impact credibility and clean claims
- CCE
  - Identify and provide “need to know” information regarding CCE processes (auto releases, etc.)



# Clean Claims - Billing Role with CCE

- Here is what a coder might see in CCE

20	Local Info/Comments:	
30th Medical Group TRICARE for Life for Re	Demographics <span style="border: 1px solid red; padding: 2px;">X</span>	
	Insurance Policy(ies) have expired.	
	<span style="border: 1px solid gray; padding: 2px;">OK</span>	
Eligible: Yes <b>SADR Data Incomplete</b>	<p>Command Interest:</p> <div style="border: 1px solid gray; height: 40px; margin-bottom: 10px;"></div> <p>Command Security:</p> <div style="border: 1px solid gray; height: 40px;"></div>	
OUTPATIENT RECORDS	<span style="font-size: 2em;">▼</span>	



# Billing

- Biller's role
- Main obstacles
- Current systems restrictions
- Follow-up and data shared



# Biller's Role

- Biller may be the source of identifying issues that will require correction within the MTF. Data in the MTF's system of record must match what is submitted on the claim
  - Patient demographics
  - Provider profiles
  - MEPRS code assignment
  - Coding review and data entry; i.e., inpatient, CoPath, 100% of billables
  - Medical necessity - < 24-hour stay
  - Admitting diagnosis – Required inpatient claim



# Billing Obstacles

- Incorrect demographics
- Incorrect PATCAT
- Incorrect MEPRS Codes
  - Occupational encounters
  - Civilian Provider ordered pharmacy with B-MEPRS vs. FCC MEPRS
- Non-Privileged Provider vs. Privileged Provider
  - Claims with physician services provided by tech/nurse
- Civilian Provider ordered ancillary care
  - No diagnosis in CHCS



# Billing Obstacles

- NPI #'s not in CHCS provider profile
- < 24-hour inpatient stays
- Inpatient/Outpatient overlap
  - Emergency care
  - PT services
  - Other clinic services
- CoPath
  - Code for services provided does not flow to CHCS – (generic code flows) what is being billed for
- Annual code updates
  - Process for inpatient/outpatient



# Q&A

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## Questions?